



07-02-03

2172

PATENT
13DV-13211

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael O. Cimini, et al.

Serial No.: 09/495,268

Filed: January 31, 2000

For: METHODS AND APPARATUS FOR ERROR
PROOFING:
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: Art Unit: 2172
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: Examiner: Isaac M. Woo
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:CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER OF PATENTS AND TRADEMARKSExpress Mail Label No.: EV339986980USDate of Mailing: July 1, 2003

RECEIVED

JUL 07 2003

Technology Center 2100

I hereby certify that the documents listed below:

- Transmittal of Request for Reconsideration (3 pgs., in duplicate)
- Request for Reconsideration in response to Non-Final Office Action dated 04/01/2003
- Certificate of Express Mail (1 pg.)
- Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

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PATENT
Attorney Docket No.: 13DV-13211

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Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Technology Center 2100

TRANSMITTAL

1. Transmitted herewith is: Request for Reconsideration in response to Non-Final Office Action dated April 1, 2003 (6 pgs.); Certificate of Express Mail (1 pg.); and Return Receipt Postcard.

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

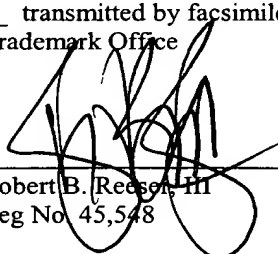
CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
☒ deposited with the United States Postal Service
Express Mail Label No. EV339986980US addressed to
the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450

Date: July 1, 2003

FACSIMILE
☐ transmitted by facsimile to the Patent and
Trademark Office


Robert B. Reese, III
Reg No. 45,548

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 410.00	\$ 205.00
_____ third month	\$ 930.00	\$ 465.00
_____ fourth month	\$1,450.00	\$ 725.00
_____ fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

OR

(b) _____ Total additional fee for claims required \$

FEE PAYMENT

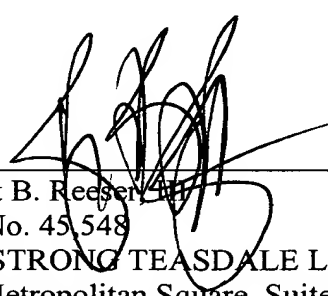
5. _____ Attached is a check in the sum of \$_____.
- _____ Charge Deposit Account No. 01-2384 the sum of \$_____.
- _____ A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


 Robert B. Reeser
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 314/621-5070